St John

DISASTER RESILIENCE

— TOOLKIT —

BE PREPARED

FIRST AID

AFTER THE DISASTER

St John

ST JOHN AMBULANCE AUSTRALIA

8/18 National Circuit
Barton ACT 2600
www.stjohn.org.au

St John Ambulance Australia's first aid protocols are for the Australian market only. All care has been taken in preparing the information but St John takes no responsibility for its use by other parties or individuals. This information is not a substitute for first aid training. St John recommends that everyone is trained in first aid. This first aid information is correct at the time of printing. See www.stjohn.org.au/First Aid information for updated first aid protocols, or consult the latest edition of *Australian First Aid*.

Written by Amy Winner

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DISASTER RESILIENCE

In Australia we experience a wide range of natural disasters including bushfires, floods, severe storms, earthquakes, landslides and cyclones. Australia has also experienced a number of man-made disasters including oil spills, building and mining collapses. It is important that no matter what the disaster or the likelihood of a disaster occurring that we are prepared for emergency situations.

The Australian Youth Council (AYC) and National Cadet Group (NCG) of St John Ambulance Australia have worked together to produce this document, aware of a need in the current Australian climate to become more community-resilient and disaster-prepared.

In May 2012 the AYC held a consultation with St John young members to ascertain their views regarding the development of information and learning resources to engage young people in community resilience and emergency disaster preparedness – this resource is a result of that consultation.

This toolkit provides the opportunity to personally prepare your family, friends and community for any disaster emergency situation. The toolkit also provides a quick reference to the first aid management you may need in a disaster situation.

We hope you find the resource useful.

The Australian Youth Council and National Cadet Group

FOREWORD

The *Disaster Resilience* Toolkit is the product of a broader organisational focus on developing community resilience, particularly in disaster situations and especially through teaching life-saving first aid skills. The Australian Youth Council and the National Cadet Officers Group enthusiastically took on the task of researching and developing a resource that assisted in community resilience in young people. This resource is the inspired result of that research.

This toolkit is an all-encompassing document, providing practical information on how to prepare, survive and recover in the event of a disaster. It takes the reader through the steps to prepare for a disaster, encourages them to talk with their neighbours and local communities about preparedness, as well as providing a quick reference guide for first aid most commonly required in an emergency and finally taking them through the most oft-forgotten recovery stage.

Disaster resilience, and resilience generally, is a valuable asset to communities—by developing resilience in young people it becomes a long term community skill. That is part of the reason why this resource is such a valuable addition to the St John Ambulance Australia publications. This considered resource, although developed for young people, is accessible to all ages, is small enough to keep in your emergency kit and provides a one-stop-shop for developing community resilience.

This resource contains information that every home and community should have in the event of a disaster.

Aaron del Pino
Chair, Australian Youth Council

St John

DISASTER *RESILIENCE* TOOLKIT

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BE PREPARED

SECTION 1

DISASTER
RESILIENCE
TOOLKIT

WHAT CAN I PREPARE NOW?

When danger knocks at your door, do you want to be ready to get out of its way or do you want to be running around like a headless chook trying to find that picture of Great-Grandma in 1901; trying to remember where you left your phone, computer or your numerous back-up chargers? Will you have time to stand at the door and wonder if you've packed everything you need?

The clear answer is 'no'. But how do you prepare for an emergency without driving around with all your personal belongings in your car every day?

Here are some of the things you can do to be prepared for emergency situations.

Know the emergencies that are likely to occur in your area

No point packing your surf board for a tsunami if you live in the bush and the area is more prone to bushfires.

It's important to know what types of emergencies are likely in the areas you're living in. This is so you can prepare properly as different emergencies will require slightly different action plans.

For example, how you prepare your house for a bushfire (e.g. clearing surrounding bush and grasses) is different for how you prepare for a flood (e.g. preparing sandbags).

It's the same with first aid preparedness. For bushfires you will need to know how to deal with burns; for floods knowing how to manage an open wound, for example, is more important.

So how do you find out about what emergencies are likely to occur in your area and what the local emergency plans are?

Log on to your local government website where you will find information about what kind of emergencies your local area is prone to and what the emergency plan is for your area. During a disaster this information will include up-to-date information about the nearest evacuation centres, road closures and actions to be undertake by the community.

Don't know what your local government website is? Find out here:

http://australia.gov.au

Emergency checklists

Knowing what to do, where to go and what to take with you are things you don't want to be thinking about when you're under pressure. Thinking under pressure means that you are more likely to forget something. So to help you think clearly and calmly in an emergency it is a great idea to prepare before the event. Even if the emergency never happens, it's better to be safe than sorry! Being prepared also reduces the risk of further injury or damage to property.

Sit down with your family or roommates and discuss what to do in the event of a disaster, and what you may need in a disaster emergency kit. It is important that you recheck your emergency plan and kit regularly to make sure it is up-to-date. It is also a good idea to practice your emergency evacuation drill so you know exactly what to do. Know your plan and keep your emergency kit in a place that is visible or where everyone in the house knows where it is.

Discuss your emergency plan with your neighbours and family so they know where you'll be in an emergency. Discussing your plan with your neighbours could also be a way of finding out who may need your assistance in an emergency or who may be able to help in an emergency. For example you're in St John and your neighbour may be in the SES.

Make major decisions about your situation EARLY! For example, the decision about whether to stay at home or leave for an evacuation centre or other accommodation in the event of an emergency. Disasters happen quickly and you need to be ready to stay ahead of them.

Family emergency information

Possible emergencies in our area ______

The emergency exits are ______

Meet at this address/location ______

______

______

(Insert name) ______ will be in charge of turning off the water, power and gas.

Emergency contacts

Relative/neighbour/best friend ______

Fire ______ Police ______

Ambulance ______ SES ______

Electricity ______ Gas ______

Doctor ______

Emergency information

Medicare Number ______ Private Hospital Number ______

Tax File Number ______ Passport Number ______

Drivers Licence Number ______ Insurance Numbers ______

Bank Account Details ______

Important documents (birth certificates/passports/ID) are stored ______

______

The nearest evacuation centre is ______

Annual checklist

Smoke alarms (date checked) ______

Radio batteries (date checked) ______

Emergency plan (date checked) ______

Emergency kit (date checked) ______

Things in our waterproof and sturdy emergency kit:

The family kit may contain:

- ☐ fire extinguisher
- ☐ generator
- ☐ spare fuel in appropriate containers
- ☐ torches
- ☐ battery-operated radio
- ☐ batteries
- ☐ candles
- ☐ matches
- ☐ camp stove
- ☐ gas bottle
- ☐ basic cooking gear
- ☐ sleeping bags
- ☐ pocket knife
- ☐ tinned food
- ☐ water
- ☐ pet food
- ☐ soap
- ☐ toilet paper
- ☐ change of clothing
- ☐ sun hats, beanies, thick gloves
- ☐ money (cash)
- ☐ entertainment (deck of cards, board games, etc)

Your personal kit may also contain:

- ☐ toiletries
- ☐ mobile phone, charger and spare
- ☐ change of clothing
- ☐ money
- ☐ valuables
- ☐ entertainment (deck of cards, board games, etc)

Things in our emergency disaster first aid kit

Last checked that items have been replaced/cleaned/in-date/sealed________________

St John provides a variety of approved first aid kits, which may contain:

- ☐ Resuscitation pocket mask
- ☐ Protective eye wear
- ☐ Disposable gloves (preferably nitrile)
- ☐ Liquid soap for individual use or liquid/gel hand sanitiser (for cleaning hands before patient care and before and after use of gloves)

Cleaning items

- ☐ individually wrapped skin cleaning wipes (may be used on member's hands or for cleaning around a wound)
- ☐ individually wrapped alcoholic cleaning wipes (may be used on member's hands or for spot cleaning, not on a patient)
- ☐ disposable towels (e.g. Chux®) and plastic bags (drying of hands and skin or to assist with control of major haemorrhage)
- ☐ sterile gauze packs (for cleaning small wounds)
- ☐ sterile saline (for wound irrigation and cleaning; to remove foreign bodies from eye)

Wound Dressings

- ☐ adhesive transparent dressings (to cover wounds on first aider's hands)
- ☐ dressing pad made of gauze and cotton wool for bleeding or
- ☐ oozing wounds or for padding of major injuries
- ☐ assorted adhesive dressing strips/spots (for use on minor wounds)
- ☐ adhesive hypoallergenic tape (to anchor dressings; to reduce use of safety pins)

Bandages

- ☐ triangular bandage (for use as a sling; or as a broad or narrow bandage to support injured part; or retain a dressing or pad; or folded into a firm pad)
- ☐ crepe bandage, heavy elastic, various width sizes (to secure dressings in place;
- ☐ for pressure bandaging and immobilisation in the treatment of envenomation)

Miscellaneous

- ☐ plastic bags (to make an ice pack, carry an amputated part, seal an open chest wound, carry waste, make a dry workspace or for a patient's valuables and personal items etc.)
- ☐ vomit bags
- ☐ scissors (for cutting dressings or clothing)
- ☐ disposable splinter probe
- ☐ sharps collector (for disposal of sharps in the field)

Medications

- ☐ Paracetamol tablets, foil wrapped (for relief of pain; must be given in accordance with manufacturers advice)
- ☐ Your personal first aid kit should include your prescribed medications and equipment (e.g. inhalers, adrenaline autoinjectors

TECHNOLOGY PREPAREDNESS

First aid apps

First Aid app: step-by-step written and visual emergency first aid information to assist in over 28 scenarios. Available for iPhones (www.stjohn.org.au/apps, or the iTunes store) and Android (via play.google.com).

Mediprofiles app: log all your emergency medical information so it's with you all the time. Available for iPhones (www.stjohn.org.au/apps, or the iTunes store).

Resuscitate app: provide life-saving CPR with easy, step-by-step written and visual instruction. Available for iPhones (www.stjohn.org.au/apps, or the iTunes store).

Saving and backing up data

There are a number of fantastic ways to save and backup your important documents and files, so that in case of a disaster they will not be lost and can be accessed from wherever you are. These storage systems do not replace your current backup systems or your actual copies but are a great way to add another level of protection . Trying to keep up with changes in this technology is difficult, but following are some popular and current suggestions.

iCloud is an online storage system created by Apple. The idea is to upload your important information and documents to the internet so not only are they backed up in case of catastrophic data loss (e.g. fire or flood damage to your computer or paper copies of your documents or a computer virus), they are accessible from all of your Apple devices wherever you are. This online storage system works by backing up your Apple device applications. This means that you can only save information that is already in or can be added to an existing Apple application.

Dropbox is also an online storage system, but allows you to upload any document, photo or video file. You can access your documents, photos or videos from anywhere, anytime and from any computer with your login. With Dropbox you can also share your files with other people or groups. Dropbox allows you 2GB of storage free. For more information got to **www.dropbox.com**.

Google Drive is another online solution to storage. You can upload documents to your online Google Drive account and then access these documents anywhere and at any time from any computer or computer device. Google Drive allows 5GB of upload free.

You can buy a **portable external hard drive**, which is separate from your computer. With this storage system you back up your important documents, photos and video files to the external drive as well as your computer. In the event of an emergency, instead of packing up your whole computer, all you need to do is unplug your external drive and take it with you.

Store your important documents on a **USB drive** and attach it to your keys so you always have your important documents with you. This option is good if you don't have to store a lot of information.

When thinking about your technology you may also think about keeping spare chargers for those various hand-held devices, either in your car or in your emergency kit.

Technology in an emergency

Not only is technology great for storing your important information, it's useful in an emergency in other ways. But remember, networks and phone lines may become congested or could be destroyed in a disaster, so do not rely on your technology alone.

Social media such as FaceBook and Twitter, are useful to let friends and family know you are ok; as well as joining emergency pages to keep up to date on emergency information.

If possible, make that phone call to your emergency contact person to let them know you are okay. Emergency phone lines/numbers are usually established during disasters to assist with communications.

Find your **local radio emergency channel** to listen to (usually the ABC) and **television** channel to watch for emergency updates. Don't forget the extra batteries!

Who can help you in an emergency?

If you need help immediately, call 000.

ST JOHN AMBULANCE AUSTRALIA

St John is often a part of the national and state and territory emergency plans. This means that in a disaster or emergency situation where the emergency plan is activated, St John may be called to assist. If you need first aid assistance St John is likely to be found at your nearest evacuation centre.

EMERGENCY ALERTS

Emergency alerts are sent by emergency services to landline telephones based on the location of the handset, and to mobile phone, based on the registered address. They are a voice message or text message where you will need to follow the instructions to find out more information. Find out more here:

http://www.emergencyalert.gov.au

SES

SES volunteers assist with all elements of emergency management. SES provides an emergency response, hazard control and awareness of what to do in an emergency. To find out where to go for SES information in your State or Territory click on this link:

http://australia.gov.au. Call 132 500

TRANSPORT AND ROADS

You will need to know how to get out of your area in the event of an emergency, so as well as listening to your local AM/FM radio station, you can also find out about road closures from your Transport and Roads Authority. To find out who they are click on this link:

http://australia.gov.au

BUREAU OF METEOROLOGY

Want to keep ahead of the weather and understand what affect that has on your current emergency? Find out from the BOM:

http://www.bom.gov.au

AUSTRALIAN RED CROSS

Provide disaster and emergency support such as first aid, care and comfort, catering, relief and incident support and emergency resources. Read more here:

www.redcross.org.au

SALVATION ARMY

Provide emergency finance, food, accommodation, utilities, transport, medical and educational assistance. Counselling services and coping in disaster and crisis publications are also available. Call 13 SALVOS (13 72 58) or access the information from their website:

www.salvos.org.au

LIFELINE

Lifeline provides relief in emergencies or disasters through their 24-hour counselling service phone: 13 11 14. Lifeline also has disaster recovery information, publications and downloadable resources accessible at:

www.lifeline.org.au

AUSTRALIAN EMERGENCY MANAGEMENT

For all information around emergency management and preparedness in Australia go to:

http://www.em.gov.au

CENTRELINK

Provides emergency accommodation and disaster recovery payments in the event of an emergency as well as in the aftermath. More information here:

http://www.humanservices.gov.au

FIRST AID

SECTION 2

DISASTER RESILIENCE

— TOOLKIT —

FIRST AID MANAGEMENT

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DRSABCD ACTION PLAN

IN AN EMERGENCY CALL TRIPLE ZERO (000) FOR AN AMBULANCE.

D — DANGER

- Ensure the area is safe for yourself, the patient and others.

R — RESPONSE

- Check for response–ask name and squeeze shoulders.
- Response–make comfortable and monitor breathing and response.
- No response–SEND for help.



S — SEND FOR HELP

- Call triple zero (000) for an ambulance or ask another person to make the call.

A — AIRWAY

- Open airway with chin lift.
- Open mouth and if foreign material is present, place in recovery position and clear airway with fingers.



B — BREATHING

- Check for breathing–look, listen, feel.
- Not normal breathing–Start CPR.
- Normal breathing–place in recovery position and monitor breathing.



C — CPR

- Start CPR–30 chest compressions: 2 breaths
- Continue CPR until help arrives or patient recovers.



D — DEFIBRILLATION

- Apply defibrillator if available and follow voice prompts.

INFECTION CONTROL

Hand washing is the most important measure in preventing the spread of germs, particularly during a disaster situation.

Hands should be washed before and after contact with a patient and any activity likely to cause contamination: e.g. before and after eating; before and after going to the toilet.

Wash hands thoroughly with soap and warm running water and dry thoroughly, preferably with paper towels, and dispose of paper correctly. Use an alcohol-based liquid or gel if soap and water is not available. If applying first aid management, cover any exposed wounds, and put on protective gloves.

Coughing etiquette includes

- covering your nose and mouth with a tissue when coughing or sneezing, or cough/sneeze into the fold of your elbow
- spitting into a tissue if necessary, and disposing of the tissue correctly, after use
- washing your hands thoroughly after coughing/sneezing
- wearing a disposable mask
- keeping at least 1 metre away from others in common areas.

GASTRO

GASTROENTERITIS (GASTRO) IS A COMMON INFECTION OF THE BOWEL, AND AFFECTS PEOPLE OF ALL AGES.

Signs & symptoms

- nausea and vomiting that may last a day or two
- diarrhoea which usually lasts 1 to 3 days but can last up to 10 days
- stomach cramps and pain
- fever (temperature over 37.5 in adults and over 38 in children)

There may also be:

- higher fever
- stomach cramps are worse
- diarrhoea can have blood and mucus in it

See a doctor if:

- stomach pain is getting worse
- frequent vomiting or diarrhoea or both
- blood or mucus in your faeces
- passed little or no urine, or your urine is dark or smelly.

Treatment

- Drink small amounts (sips) of clear fluids such as water or flat lemonade (one cup of lemonade to four cups of water) often (every 15 minutes). The fluids will not stop the vomiting and diarrhoea but will stop you getting dehydrated. Gastrolyte or Hydralyte solutions help replace water, salts and fluids lost.
- Eat if you feel hungry. Start with bland foods such as crackers, rice, bananas or dry toast.
- Rest; get lots.

Stopping the spread of gastro

- Do not share your towels, face washer, toothbrush, drinks or cutlery with others.
- Wash your hands well (for ten seconds) with warm soapy water after using the toilet, changing nappies, cleaning up vomit and before cooking and eating meals.
- Handle, store and prepare raw and cooked foods apart. Cook all raw foods well.
- People who have gastro should not prepare or handle food for others.
- Stay at home and away from others while you are unwell. Avoid going back to work until 24–48 hours after symptoms have stopped (the virus can be spread up to 48 hours after symptoms have stopped).
- Drink only bottled or water boiled for at least ten minutes.
- If you cannot peel it, cook it or boil it—do not eat it.
- Clean bathrooms and toilets often.
- Take care when handling animals and their faeces or urine.

PAIN RELIEF

Warning

You should always know what medications you are taking and check that the correct medication is used for the specific purpose. If you are required to administer even a simple paracetamol, always check:

- the label to make sure it is the correct medication
- the expiry date of the medication
- to follow the instructions on the package.

And always ask:

- Do you have any allergies to this medication?
- When did you last take any medication?
- What was it?
- How much did you take

In your first aid kit, you should carry the basic pain relief medications such as paracetamol. If you suffer from allergies, you might want to add antihistamines and adrenaline autoinjectors. Asthmatics and diabetics should ensure they are carrying up-to-date extra medication in personal kits.

SEVERE ALLERGIC REACTION (ANAPHYLAXIS)

Warning

Anaphylaxis is a severe allergic reaction and potentially life-threatening. Always treat as a medical emergency.

Signs & symptoms

WATCH FOR ANY ONE OF THE FOLLOWING FOR ANAPHYLAXIS:

- difficulty and/or noisy breathing
- swelling of the tongue
- swelling/tightness of the throat
- difficulty talking and/or hoarse voice
- wheezing and/or coughing
- persistent dizziness or collapse
- in young children – pale and floppy

MILD TO MODERATE REACTION (MAY PRECEDE ANAPHYLAXIS):

- swelling of the lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain and vomiting

Management

THE CONSCIOUS PATIENT

- Follow DRSABCD.
- Help the patient to sit or lie in a position that assists breathing.
- If the patient is carrying an adrenaline autoinjector it should be used at once. Let the patient administer the auto-injector themselves, or ask if they require assistance to do so.
- Ensure an ambulance has been called: triple zero (000).
- Keep the patient in lying or sitting position.
- Observe and record pulse and breathing.
- If no response after 5 minutes, further adrenaline may be given.

THE UNCONSCIOUS PATIENT

1. Immediately administer the adrenaline auto-injector, if available.
2. Follow DRSABCD.
3. See www.allergy.org.au for further information.

ASTHMA ATTACK

Warning

Anyone having a SEVERE asthma attack needs URGENT medical treatment. Call triple zero (000) for an ambulance.

Signs & symptoms

The patient may:

- be unable to get enough air
- be short of breath
- become anxious, subdued or panicky
- focused only on breathing
- coughing, wheezing
- pale, sweating
- blue around lips, ear lobes and fingertips
- unconscious

NOTE

Where permitted under local State or Territory regulations, and if necessary:

- use another person's reliever inhaler, or use one from a first aid kit to assist the patient with a severe asthma attack.
- if someone is having difficulty breathing, but has not previously had an asthma attack, assist in giving 4 puffs of a reliever and continue with 4 puffs every 4 minutes if required, until an ambulance arrives.

Management

THE UNCONSCIOUS PATIENT

- Follow DRSABCD.

THE CONSCIOUS PATIENT

- Help the patient into a comfortable position, usually sitting upright and leaning forward.
- Be reassuring and tell the patient to take slow, deep breaths; ensure adequate fresh air.
- Help with administration of the patient's medication (4:4:4).
- give 4 puffs one at a time of a blue reliever inhaler (use a spacer if available)
- the patient takes 4 breaths after each puff
- wait 4 minutes.
- If no improvement, give another 4 puffs.
- If little or no improvement within minutes ensure an ambulance has been called: triple zero (000).
- Keep giving 4 puffs every 4 minutes until ambulance arrives:
- children 4 puffs every 4 minutes
- adults up to 6–8 puffs every 5 minutes.

BITES AND STINGS

Pressure & immobilisation management for:

- funnel web and mouse spiders
- snakes
- blue-ring octopus
- cone shells
- sea snake

1. Follow DRSABCD.
2. Calm and reassure the patient.
3. Apply a bandage and immoblise.
4. Keep the patient absolutely still.
5. Ensure call for an ambulance has been made: triple zero (000).

Cold compress (ice pack) management for:

- redback spider
- white tailed spiders
- bees
- european wasps
- ants
- ticks
- scorpions
- centipedes

1. Seek medical aid if the patient develops severe symptoms.
2. Apply cold compress to the bite site to lessen the pain.
3. Seek medical aid if the patient develops severe symptoms.

Hot water management for:

- Blue-bottle (Pacific-Man-O-War) jellyfish
- Bullrout fish
- Catfish
- Crown-of-Thorns starfish
- Stingray
- Stonefish
- non-tropical jellyfish

1. Follow DRSABCD.
2. Calm and reassure the patient.
3. Place the patient's stung limb in hot water (as hot as you the first aider can tolerate).
4. Ensure call for ambulance has been made: triple zero (000).

Vinegar management for:

- Box jellyfish
- Irukandji jellyfish
- Jimble jellyfish
- sea anemones
- tropics stings of unknown origin

1. Follow DRSABCD.
2. Calm and reassure the patient.
3. Flood stung area with vinegar for at least 30 seconds.
4. If vinegar not available, flick tentacles off using a stick or gloved fingers.
5. Ensure call for ambulance has been made: triple zero (000).

SNAKE BITE

Signs & symptoms

- puncture marks or scratches
- nausea, vomiting and diarrhoea
- headache
- double or blurred vision
- drooping eyelids
- bleeding from the site
- breathing difficulties
- drowsiness, giddiness or faintness
- problems speaking or swallowing
- pain in the throat, chest or abdomen
- respiratory weakness or arrest
- dark urine

Warning

DO NOT wash venom off the skin.

DO NOT cut the bitten area.

DO NOT try to suck venom out of wound.

DO NOT use a tourniquet.

DO NOT try to catch the snake.

Management

1. Follow DRSABCD.
2. Rest and reassure the patient.
3. Apply a broad bandage (preferably crepe) over the bite site as soon as possible.
4. Apply a pressure bandage just above the fingers or toes, and move upwards on the limb as far as can be reached (include the snake bite). Apply tightly without stopping blood supply to the limb.
5. Immobilise by splinting the bandaged limb.
6. Ensure the patient does not move.
7. Mark clearly on the bandage the site of the bite. Note the time of the bite and when the bandage was applied; stay with the patient; check circulation in fingers or toes regularly.

SPIDER BITES

Signs & symptoms

- sharp pain at bite site
- profuse sweating
- nausea, vomiting and abdominal pain.

ADDITIONAL SYMPTOMS FOR A FUNNEL-WEB SPIDER BITE:

- copious secretion of saliva
- confusion leading to unconsciousness
- muscular twitching and breathing difficulty
- small hairs stand on end
- numbness around mouth
- copious tears
- disorientation
- fast pulse
- markedly increased blood pressure.

ADDITIONAL SYMPTOMS FOR A RED-BACK SPIDER BITE:

- intense local pain which increases and spreads
- small hairs stand on end
- patchy sweating
- headache
- muscle weakness or spasms.

POSSIBLE SIGNS & SYMPTOMS OF OTHER SPIDER BITES:

- burning sensation
- swelling
- blistering

Management

FUNNEL-WEB / MOUSE SPIDER

1. Follow DRSABCD
2. Lie the patient down
3. Calm and reassure the patient
4. If on a limb, apply a broad bandage (crepe bandage preferred) over the bite site as soon as possible.
5. Apply a firm pressure bandage starting just above fingers or toes and as far up limb as possible.
6. Immobilise the limb and ensure the patient does not move.
7. Ensure an ambulance has been called: triple zero (000).

RED-BACK SPIDER

1. Apply cold pack/compress to area to lessen pain.
2. Seek medical aid promptly.

OTHER SPIDER BITES

1. Wash with soap and water.
2. Apply icepack to relieve the pain/discomfort.
3. Seek medical aid if the patient develops severe symptoms.

SEVERE BLEEDING

Warning

- Wear gloves, if possible, to prevent infection.
- If the patient becomes unconscious, follow DRSABCD.
- If embedded object in wound, apply pressure either side of wound and place pad around the object before bandaging.
- DO NOT apply a tourniquet. (In extreme cases of blood loss due to trauma involving a limb, a tourniquet may be considered).

Management

1. Apply direct pressure over wound; instruct the patient to do this if possible. If the patient is unable to apply pressure, apply pressure using a pad or your hands (use gloves if available).
2. Remove or cut the patient's clothing to expose wound
3. Squeeze the wound edges together if possible.
4. Lie the patient down and raise injured part above level of heart. Handle gently if you suspect a fracture.
5. Bandage the wound:
   - apply a pad over the wound if not already in place
   - secure with bandage; ensure pad remains over wound
   - bleeding is still not controlled, leave initial pad in place and apply a second pad; secure with bandage
   - if bleeding continues, replace second pad and bandage.
6. Check circulation below wound, regularly.
7. If severe bleeding persists: nil by mouth.
8. Call triple zero (000) for an ambulance.
9. Treat for shock.

BURNS AND SCALDS

Warning

- DO NOT apply lotions, ointment or fat to burns.
- DO NOT touch injured areas or burst any blisters.
- DO NOT remove anything sticking to the burn.
- Manage the patient for SHOCK if burn is large or deep.

SEEK MEDICAL AID URGENTLY IF:

- burn is deep, even if the patient does not feel any pain.
- a superficial burn is larger than a 20 cent piece.
- the burn involves airway, face, hands or genitals.
- you are unsure of the severity of the burn.

Management

1. Follow DRSABCD.
2. Extinguish burning clothing: STOP DROP AND ROLL
   - pull the patient to ground
   - wrap in blanket, jacket or similar
   - roll the patient along ground until flames extinguished.
3. If a scald, quickly remove the patient's wet clothing from affected area.
4. Hold burnt area under cool running water for 20 minutes, for:
   - thermal
   - scalds
   - chemical
   - bitumen
   - electrical.
5. Remove jewellery and clothing from burnt area unless stuck to the burn.
6. Cover burn with a non-adherent dressing or aluminium foil, plastic wrap, or a wet clean dressing.
7. Carefully monitor the patient for signs of shock or respiratory distress.

CHOKING ADULT OR CHILD OVER 1 YEAR

Signs & symptoms

- clutching the throat
- coughing, wheezing, gagging
- difficulty breathing , speaking, swallowing
- making a whistling or 'crowing' noise or no sound at all
- face, neck lips, ears, fingernails turning blue

Management

1. Encourage adult or child to try to cough to remove object.
2. If coughing does not remove the blockage call triple zero (000) for an ambulance.
3. Bend the patient forward and give 5 back blows with heel of hand between the shoulder blades, checking if obstruction is relieved after each back blow.
4. If unsuccessful, give chest thrusts:
   - place one hand in the middle of the patient's back for support and heel of other hand in the CPR compression position and give 5 chest thrusts, slower but sharper than compressions.
   - check if obstruction is relieved after each chest thrust.
5. If blockage does not clear continue alternating 5 back blows with 5 chest thrusts until medical aid arrives.

IF THE PATIENT BECOMES UNCONSCIOUS

- Call triple zero (000) for an ambulance.
- Remove visible obstruction from mouth.
- Commence CPR.

DIABETIC EMERGENCY

Signs & symptoms

LOW BLOOD SUGAR

- pale
- hungry
- sweating
- weak
- confused
- aggressive

HIGH BLOOD SUGAR

- thirsty
- needs to urinate
- hot dry skin
- smell of acetone on breath

Management

THE UNCONSCIOUS PATIENT.

- Follow DRSABCD.
- Give nothing by mouth

THE CONSCIOUS PATIENT.

If you are not sure which form of diabetic emergency the patient has, give a sweet drink; this will not cause undue harm.

LOW BLOOD SUGAR

1. Give sugar, glucose or a sweet drink, e.g. soft drink or cordial (not 'diet' or sugar free drinks).
2. Continue giving sugar every 15 minutes until the patient recovers. Follow up with a sandwich or other food.
3. If no improvement, call triple zero (000) for an ambulance.

HIGH BLOOD SUGAR

1. Seek medical aid if required.
2. Give the patient sugar-free fluids if help is delayed.

SEIZURE

Signs & symptoms

The patient may:

- suddenly cry out
- fall to the ground
- have a congested and blue face and neck
- have jerky, spasmodic and muscular movements
- froth at the mouth
- bite the tongue
- lose control of bladder and bowels

Management

1. During the seizure:

- DO NOT try to restrain the person
- DO NOT put anything in their mouth
- DO NOT move the person unless in danger
- protect the person from injury.

2. After the seizure:

- follow DRSABCD
- place the person in the recovery position (on their side) as soon as jerking stops, or immediately if they have vomited or have food or fluid in their mouth.
- manage any injuries resulting from the seizure
- DO NOT disturb if the person falls asleep, but do continue to check their breathing and response.

3. Call triple zero (000) for an ambulance if:

- the seizure continues for more than 5 minutes
- another seizure quickly follows
- the person has been injured
- the person is a diabetic or is pregnant.

EYE INJURIES

Warning

- DO NOT touch the eye or any contact lens.
- DO NOT allow the patient to rub eye.
- DO NOT try to remove any object which is penetrating the eye.
- DO NOT apply pressure when bandaging the eye.

BURNS

1. Open eyelid gently and wash eye with cold flowing water for 20 mins.
2. Place eye pad or light clean dressing only over the injured eye.
3. Ensure ambulance has been called: triple zero (000).

WOUNDS

1. Lie the patient on their back.
2. Place light dressing only over the injured eye.
3. Ask the patient to try not to move eye.
4. Ensure ambulance has been called–triple zero (000).

SMALL OBJECT

1. Ask the patient to look up.
2. Draw lower eyelid down. If object visible, remove with corner of moist cloth.
3. If not visible, pull upper lid down.
4. If unsuccessful, wash eye with sterile saline or clean water.
5. If still unsuccessful, cover injured eye only and seek medical aid.

PENETRATING

1. Place thick pads above and below injured eye or cover object with paper cup.
2. Bandage pads in place making sure there is no pressure on eyelids.
3. Cover injured eye only.
4. Ensure ambulance has been called: triple zero (000).

EMBEDDED OBJECT

1. Cover the injured eye only.
2. Seek medical aid.

SMOKE

1. Wash eyes with sterile saline or cold tap water.
2. Seek medical aid if necessary.

FRACTURES AND DISLOCATIONS

Signs & symptoms

- pain at or near the site of the injury
- difficult or impossible normal movement
- loss of power
- deformity or abnormal mobility
- tenderness
- swelling
- discolouration and bruising

Note

- DO NOT attempt to force a fracture or dislocation back into place as this could cause further injuries.
- It can be difficult for a first aider to tell whether the injury is a fracture, dislocation, sprain or strain. If in doubt, always treat as a fracture.
- If collarbone is fractured, support arm on injured side in a St John sling.
- If dislocation of a joint is suspected, rest, elevate and apply ice to joint.

Management

1. Follow DRSABCD.
2. Control any bleeding and cover any wounds.
3. Check for fractures: open, closed or complicated.
4. Ask the patient to remain as still as possible.
5. Immobilise fracture:
   - use broad bandages (where possible) to prevent movement at joints above and below the fracture
   - support the limb, carefully passing bandages under the natural hollows of the body
   - place a padded splint along the injured limb (under leg for fractured kneecap)
   - place padding between the splint and the natural contours of the body and secure firmly
   - check that bandages are not too tight (or too loose) every 15 minutes.
6. For leg fracture, immobilise foot and ankle use a Figure of Eight bandage.
7. Check for signs of loss of circulation to hands and feet, regularly.
8. Ensure an ambulance has been called: triple zero (000).

SPINAL INJURIES

After DRSABCD, immobilising the spine is the priority for any patient with a suspected spinal injury.

Airway and breathing always takes precedence, so an unconscious patient should be placed in the recovery position to keep the airway open.

Signs & symptoms

- pain at or below site of injury
- loss of sensation, or abnormal sensation such as tingling, in hands or feet
- loss of movement or impaired movement below site of injury.

Unconscious patient.

1. Follow DRSABCD.
2. Place in recovery position with extreme care.
   - Support head and neck at all times to maintain alignment with the spine.
3. Maintain clear and open airway.
4. Hold head and neck steady.
   - Place your hands on both sides of patient's head.
   - Maintain spinal alignment.
5. Apply a cervical or improvised collar only if trained to do so.

Conscious patient.

1. Follow DRSABCD.
2. Reassure the patient.
   - Loosen any tight clothing around neck.
3. Do not move unless in danger.
4. Hold head and neck steady.
   - Place your hands on both sides of the patient's head until other support is arranged.
   - Maintain spinal alignment.
5. Apply a cervical or improvised collar only if trained to do so.

HEAD INJURY

Head wounds bleed very freely. If bleeding does not stop, do not remove initial pad—add second pad, bandage in place, and reapply pressure to control bleeding.

Signs & symptoms

- altered or abnormal responses to commands and touch
- wounds to the scalp or face
- blood or clear fluid escaping from nose or ears
- pupils becoming unequal in size
- blurred vision
- loss of memory.

Conscious patient.

1. Follow DRSABCD.
2. Lie the patient down:
    - in a comfortable position with their head and shoulders slightly raised.
    - be prepared to turn the patient onto their side if they vomit.
    - clear the airway quickly after vomiting.

Unconscious patient.

1. Follow DRSABCD.
2. Support head and neck.
    - Support the patient's head and neck always in alignment with body.
    - Avoid any twisting and bending movements—the patient may have a spinal injury.
3. Keep the patient's airway open.
4. Control bleeding.
    - Place sterile pad or dressing over the wound.
    - Apply direct pressure to the wound unless you suspect a skull fracture.
    - If blood or fluid comes from the patient's ear, secure a sterile dressing lightly in place and allow to drain.
5. Lie the patient down.
    - In a comfortable position with their head and shoulders slightly raised.
    - Be prepared to turn the patient onto their side if they vomit.
    - Clear the airway quickly after vomiting.

HEAT-INDUCED CONDITIONS

Signs & symptoms

- feeling hot, exhausted, weak and fatigued
- persistent headache
- thirst and nausea
- giddiness and faintness
- rapid breathing and shortness of breath
- pale, cool, clammy skin
- rapid, weak pulse
- high body temperature of 40oC or more
- flushed and dry skin
- irritability and mental confusion which may progress to seizure and unconsciousness

Warning

Heatstroke is potentially life-threatening. The first aider must act urgently.

Management

HEAT EXHAUSTION

1. Move the patient to lie down in a cool place with circulating air.
2. Loosen tight clothing and remove unnecessary garments.
3. Sponge with cool water.
4. Give fluids to drink if conscious.
5. Seek medical aid if the patient vomits or does not recover quickly.

HEATSTROKE

1. Follow DRSABCD.
2. Apply cold packs or wrapped ice to neck, groin and armpits.
3. Cover with wet sheet.
4. Ensure an ambulance has been called: triple zero (000).
5. Give water if the patient is full conscious and able to swallow.
6. Seek medical aid if person has a seizure or becomes unconscious.

HYPOTHERMIA (COLD-INDUCED CONDITION)

Signs & symptoms

EARLY WARNING SIGNS MAY INCLUDE:

- feeling cold
- shivering
- clumsiness and slurred speech
- apathy and irrational behaviour.

AS BODY TEMPERATURE DROPS:

- shivering usually ceases
- pulse may be difficult to find
- heart rate may slow
- level of consciousness continues to decline.

AT AROUND 30°C BODY TEMPERATURE:

- unconsciousness is likely
- heart rhythm is likely to change.

As the body temperature falls further the heart may arrest, resulting in death.

Warning

Call triple zero (000) for an ambulance if level of consciousness declines, shivering stops, or pulse is difficult to find.

Management

1. Follow DRSABCD.
2. Remove the patient to a warm, dry place.
3. Protect the patient and yourself from wind, rain, sleet, cold, wet ground.
4. Handle the patient as gently as possible and avoid excess activity or movement.
5. Keep the patient in a horizontal position.
6. Remove wet clothing.
7. Warm the patient: place between blankets, in a sleeping bag, or wrap in a thermal/space blanket or similar, and cover the head to maintain body heat. Hot water bottles, heat packs may be applied to the patient's neck, armpits and groin.
8. Give the patient warm drinks if conscious (NOT alcohol).
9. Provide warmth to the patient: aim to stabilise core temperature rather than attempt rapid rewarming. Do not use radiant heat such as fire or electric heaters. Do not rub affected areas.

HEART ATTACK

Signs & symptoms

The warning signs of heart attack vary and usually last for at least 10 minutes.

The patient may get more than one of these symptoms:

- Discomfort or pain in the centre of the chest. It may come suddenly or start slowly over minutes. It may be described as tightness, heaviness, fullness, squeezing.
- The pain may be severe, moderate or mild.
- Pain may spread to the neck, throat or jaw, shoulders, the back, and either or both arms.

Other signs & symptoms:

- shortness of breath
- sweating
- nausea / vomiting
- dizziness

Management

1. Follow DRSABCD.
2. Advise the patient to immediately stop activity, and sit or lie down.
3. If any symptoms are severe, get worse quickly, or last for 10 minutes, ensure the call for an ambulance has been made—do not hang up.
4. Loosen tight clothing.
5. Give the conscious the patient one tablet of aspirin in water. Do not give aspirin to those allergic to it or if their doctor has warned them against taking aspirin. If the patient has been prescribed medication such as a tablet or oral spray for angina, get it and assist the patient in taking it as they have been directed.
6. Stay with the patient and monitor response and breathing.
7. Be prepared to give CPR.

See the Heart Foundation's Heart Attack Action Plan for further information: www.heartattackfacts.org.au

POISONING

Signs & symptoms

Signs & symptoms depend on the nature of the poisons which may be ingested, inhaled, absorbed or injected into the body.

- abdominal pain
- drowsiness
- burning pains from mouth to stomach
- difficulty breathing
- tight chest
- blurred vision
- odours on breath
- change of skin colour with blueness around the lips
- sudden collapse

Warning

- DO NOT induce vomiting unless advised to do so by Poisons Information Centre.
- DO NOT give anything by mouth.
- Wash substances off mouth and face with water.

Management

UNCONSCIOUS THE PATIENT

1. Follow DRSABCD.
2. Ensure call for ambulance has been made: triple zero (000).
3. Call fire brigade if atmosphere contaminated with smoke or gas.

CONSCIOUS THE PATIENT

1. Follow DRSABCD.
2. Listen to the patient and give reassurance but not advice.
3. Try to determine type of poison taken.
4. Call 13 11 26 for Poisons Information Centre.
5. Send any vomit, containers and/or suicide notes with the patient to hospital.

SHOCK

Signs & symptoms

- weak, rapid pulse
- cold, clammy skin
- rapid breathing
- faintness/dizziness
- nausea
- pale face, fingernails, lips

Immediately after injury, there may be little evidence of shock. Signs and symptoms may gradually develop depending on:

- severity of the injury
- continuation of fluid loss
- effectiveness of management.

Warning

Shock can be life-threatening. Try not to leave the patient suffering from shock, alone.

Management

1. Follow DRSABCD and manage injuries such as severe bleeding.
2. Reassure and calm the patient
3. Raise the patient's legs (unless fractured or a snake bite) above the level of the heart, with head flat on the floor.
4. Treat any wound or burn, and immobilise fractures.
5. Loosen tight clothing around neck, chest and waist.
6. Maintain the patient's body warmth with a blanket or similar. DO NOT use any source of direct heat.
7. Give small, frequent amounts of water to the conscious the patient who does not have abdominal trauma and who is unlikely to require an operation in the immediate future.
8. Monitor and record breathing, pulse and skin colour at regular intervals.

- Place the patient in the recovery position:
- if there is difficulty breathing
- if the patient becomes unconscious
- if the patient is likely to vomit.

SPRAINS AND STRAINS

Signs & symptoms

SPRAIN

- intense pain
- restricted mobility
- swelling and bruising around injury joint develops quickly

STRAIN

- sharp, sudden pain in the injury region
- loss of power
- tender muscle

NOTE

If there is a lot of pain, manage the injury as a fracture and seek medical aid.

Management

1. Follow DRSABCD
2. Follow the RICE management plan:
   - REST the patient and the injured part
   - ICEPACKS (cold compress) wrapped in a wet cloth may be applied to the injury for 15 minutes every 2 hours for 24 hours, then for 15 minutes every 4 hours for 24 hours
   - Apply COMPRESSION elastic bandage firmly to extend well beyond the injury
   - ELEVATE the injured part
3. Seek medical aid.

AFTER THE DISASTER

SECTION 3



DISASTER RESILIENCE — TOOLKIT —

With first aid knowledge and skills, we hope we are prepared for all types of emergency situations, but we don't always think about what the after-effects of such stressful situations. As a first aider you will likely be under the direction of other emergency resources during a disaster, including your work with paramedics, for example when handing over casulties to medical professionals. Here are some points to be aware of.

Post-traumatic stress

Although life seems to go back to normal following an incident, many people think back over a stressful event and try to evaluate what more they could have done. The more serious the incident, the more you are likely to think about it. This is completely normal. However, if it continues for weeks or begins to affect your day-to-day life, you may be experiencing post-traumatic stress.

Post-traumatic stress is a possible reaction to a stressful event. It needs to be dealt with, as it can affect your relationships, your concentration and your peace of mind. You should consult your doctor or a counsellor. They will understand what you are going through and will be able to suggest a course of action to help you deal with the effects of post-traumatic stress.

Post-emergency

After an emergency it takes a while for life to go back to normal. Once the emergency is over there are still things you will have to do. You may have lost your house or some of your personal belongings; you may have lost loved ones, or people in your community may have suffered similar losses.

The following points will help you stay safe, and assist your recovery after an emergency disaster event.

DANGERS TO YOU

Even though the emergency may be over, there are still dangers to you in the immediate aftermath. In a flood situation, it may take a while for the flood waters to subside. Remember that these waters are dangerous to play in as they are fast flowing and may contain debris. In fire burnt areas you may need to be aware of downed power lines and the ground may still be too hot to walk on.

RETURNING HOME

Returning to your home, whether it has been directly affected by the disaster or not, you should check it is physically sound. Make sure you get your electricity, water and appliances checked by a professional, and that the house structure is sound and ok to move back into. Even if they haven't been directly affected there may be a fault somewhere in the lines to your house, which could cause further damage if unchecked.

LOOK AFTER YOURSELF

Whether you have been directly affected by the emergency, nearby or watching it all unfold on TV it can be emotional. Remember to take care of yourself emotionally as well as tending to any physical injuries. Talk to someone you trust, a family member, friend, school teacher or school councillor about the emergency.

INSURANCE

It is important that someone talk to the insurance company if your house has been damaged or your personal belongings lost in an emergency. If you lost your computer, game systems, phone or accessories, clothes or other items, these may be be covered in insurance and may be replaced.

DISASTER *RESILIENCE*

— TOOLKIT —

In May 2012, at Luna Park in Sydney, the Australian Youth Council and the National Cadet Group held a consultation with young adult members of St John Ambulance Australia to get their feedback on how to engage their age-group in community resilience and emergency disaster preparedness. This publication is a result of that consultation.

The Disaster Resilience Toolkit, developed by young people for young people, provides valuable tips for preparing for any emergency disaster situation, and is a great learning resource as well.

The toolkit encourages the reader to discuss disaster resilience and preparedness with neighbours and local communities; provides a quick reference guide for first aid most commonly required in any disaster arena, and gives advice on dealing with the most oft-forgotten recovery stage.

Not just for young people, the Disaster Resilience Toolkit is an accessible resource for all ages, and all first aid kit bags.

St John

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